

03/01/00
Jc712 U.S. PTO

EL 230 259 718 US

03-02-00

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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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| | | |
|---|--|-----------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No. | 5727-63370 |
| | First Inventor or Application Identifier | Kurtock |
| | Title | Hospital Meter System |
| | Express Mail Label No. | EL 230 259 718 US |

| | |
|--|---|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure | 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] | ACCOMPANYING APPLICATION PARTS |
| 4. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> XXXXXXXXXXXXXXXXXXXX Unsigned Declarationb. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| * NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.29). | |
| 13. <input type="checkbox"/> * Small Entity Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12) | |
| 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) | |
| 15. <input type="checkbox"/> Other: | |

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____ / _____
Prior application information: Examiner _____ Group / Art Unit: _____
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label [] or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

| | | | | |
|---------|-----------------------|-----------|--------------|------------------|
| Name | Barnes & Thornburg | | | |
| Address | 11 S. Meridian Street | | | |
| City | Indianapolis | State | Indiana | Zip Code 46204 |
| Country | U.S. | Telephone | 317-231-7285 | Fax 317-231-7433 |

| | | | |
|-------------------|-------------------|-----------------------------------|-------------|
| Name (Print/Type) | Richard D. Conard | Registration No. (Attorney/Agent) | 27321 |
| Signature | [Signature] | | Date 3/1/00 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any
comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office,
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Box Patent Application, Washington, DC 20231.

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 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
 See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number
 Filing Date March 1, 2000
 First Named Inventor James R. Kurtcock
 Examiner Name Unknown
 Group / Art Unit Unknown
 Attorney Docket No. 5727-63370

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 10-0435
 Deposit Account Name

☐ Charge Any Additional Fee Required
 Under 37 CFR §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 690 | 201 345 | Utility filing fee | 690 |
| 106 310 | 206 155 | Design filing fee | |
| 107 480 | 207 240 | Plant filing fee | |
| 108 690 | 208 345 | Reissue filing fee | |
| 114 150 | 214 75 | Provisional filing fee | |

SUBTOTAL (1) (\$) 690

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|----------------------|--------------|----------------|----------|
| 36 | 20** = 16 | X 18 | 288 |
| Independent Claims 2 | - 3** = | X | |
| Multiple Dependent | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|--|
| 103 18 | 203 9 | Claims in excess of 20 |
| 102 78 | 202 39 | Independent claims in excess of 3 |
| 104 250 | 204 130 | Multiple dependent claim, if not paid |
| 109 78 | 209 39 | ** Reissue independent claims over original patent |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) 288

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for reexamination | |
| 112 920* | 112 920* | Requesting publication of SiR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SiR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 380 | 216 190 | Extension for reply within second month | |
| 117 870 | 217 435 | Extension for reply within third month | |
| 118 1,360 | 218 680 | Extension for reply within fourth month | |
| 128 1,850 | 228 925 | Extension for reply within fifth month | |
| 119 300 | 219 150 | Notice of Appeal | |
| 120 300 | 220 150 | Filing a brief in support of an appeal | |
| 121 260 | 221 130 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,210 | 241 605 | Petition to revive - unintentional | |
| 142 1,210 | 242 605 | Utility issue fee (or reissue) | |
| 143 430 | 243 215 | Design issue fee | |
| 144 580 | 244 290 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 690 | 246 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 690 | 249 345 | For each additional invention to be examined (37 CFR § 1.129(b)) | |

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

| Name (Print/Type) | Registration No. (Attorney/Agent) | Telephone | Date |
|-------------------|-----------------------------------|--------------|----------|
| Richard D. Conard | 27321 | 317-231-7285 | 3/1/2000 |
| Signature | | | |

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BARNESÞBURG

11 South Meridian Street
Indianapolis, Indiana 46204
(317) 236-1313



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: Unknown
Attorney Docket: 5727-63370
Applicant: James R. Jurtock and Sandy M. Richards
Invention: **Hospital Meter System**
Serial No: Unknown
Filing Date: Herewith (March 1, 2000)

CERTIFICATE UNDER 37 C.F.R. § 1.10

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

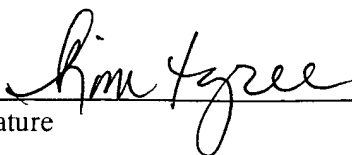
Express Mail label number: EL 230 259 718 US

Date of deposit: March 1, 2000

Sir:

I hereby certify that the enclosed paper or fee is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, Attn: Box Patent Application.

Respectfully submitted,



Signature

Kim Tyree
Typed or Printed Name

Enclosure